PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD

3000 ARCTIC BLVD

AK 99503-3898

AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

JOHN M. ASPLUND WWTF---301 (H)

ANCHORAGE, AK 99502

MONITORING PERIOD FROM 07 | 09 | 01 | TO | 07 | 09 | 30

*** NO DISCHARGE ____ ***

MARK PREMO P.E. GEN MGR. AWWU NOTE: Read instructions before completing this form. ATTN: QUANTITY OR CONCENTRATION FREQUENCY QUANTITY OR LOADING PARAMETER NO. SAMPLE FΧ ANALYSIS TYPE **AVERAGE** MAXIMUM UNITS MINIMIM AVERAGE. MAXIMUM UNIT FOUR/ SAMPLE TEMPERATURE. WATER F--***** **GRAB** 15.5 (04)N/A MEASUREMENT DEG. CENTIGRADE WEEK FOUR/ 00010 G 0 0 PERMIT REPORT ***** ****** GRAB REQUIREMENT DEG C WEEK **RAW SEW/INFLUENT** MAXIMUM TEMPERATURE WATER SAMPLE. FOUR/ -----**GRAB** 16.4 (04)N/A MEASUREMENT WEEK DEG CENTIGRADE EPA REGION PERMIT OFFICE OF COMPLIANCE AND THE CROEMENT REPORT FOUR! 00010 1 0 0 ***** GRAB REQUIREMENT DEG.C WFFK **FFFLUENT GROSS VALUE** MAXIMUM FOUR/ OXYGEN DISSOLVED SAMPLE **** ***** ***** **** 0.9 **** **GRAB** (19)N/A MEASUREMENT WEEK (DO) REPORT 00300 1 0 0 PERMIT FOUR/ ***** GRAB REQUIREMENT **** MO MIN MG/L WEEK EFFLUENT GROSS VALUE FOUR/ SAMPLE BOD. 5-DAY 51076 **** نال بالديار بالديار والديال N/A COMP24 216 (19)(26)MEASUREMENT WEEK 1) (20 DEG, C) REPORT REPORT FOUR/ COMP 00310 G 0 0 PERMIT REQUIREMENT **RAW SEW/INFLUENT** MO AVG LBS/DY MO AVG MG/L WEEK 24 BOD. 5-DAY SAMPLE. FOUR/ ***** ----35240 COMP24 (26)151 (19)WEEK 1) MEASUREMENT (20 DEG, C) 90:100 300 FOUR! COMP 00310 W 0 0 PERMIT REQUIREMENT **** DAILY MX EFFLUENT GROSS VALUE LBS/DY DAILY MX MG/L WEEK 24 SAMPLE FOUR/ BOD. 5-DAY COMP24 ***** 31999 33647 (26)131 140 (19)MEASUREMENT WEEK 1) (20 DEG, C) COMP 17/21/00 75100 240 250 FOUR/ 00310 1 0 0 PERMIT REQUIREMENT MO AVG WKLY AVG **EFFLUENT GROSS VALUE** LBS/DY MO AVG WKLY AVG MG/L WEEK 24 FOUR/ SAMPLE ***** РΗ ***** ***** *** 6.6 7.8 N/A **GRAB** (12)MEASUREMENT **WEEK** REPORT 00400 G 0 0 PERMIT REPORT FOUR/ GRAB REQUIREMENT *** MINIMUM RAW SEW/INFLUENT MAXIMUM SU WFFK TELEPHONE NAME / TITLE PRINCIPAL EXECUTIVE OFFICER IT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH DATE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS Craig Woolard, P.E., Ph.D. IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT **Director. Treatment Division** PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND SIGNATURE OF PRINCIPAL EXECUTIVE 07/10/08 (907)564-2799 IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED \$10,000 and or maximum imprisonment of between 6 months and 5 years.) YEAR MO DAY AREA CODE NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Two influent/effluent BOD tests during week of 9/16/07 and two influent/effluent BOD tests during week of 9/23/07 invalid due to lab error. Problem has been corrected.

Forms by Window@fiem(707)864/0845;p/n11090;v5.01;4/1/96. Rev. 1/05, BN

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME:

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

FROM

001 A DISCHARGE NUMBER

MAJOR. (SUBR 02) F - FINAL

FACILITY:

ATTN:

ADDRESS:

JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD 07 | 09 | 30 07 | 09 | 01 TO

*** NO DISCHARGE NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
PH	SAMPLE MEASUREMENT	****	*****	****	6.5	*****	7.4	(12)	0	FOUR/ WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	\$55\$\$	****	6.5 MINIMUM	****	8.5 Maximum	SU		FOUR/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	55631	*****	(26)	****	232	*****	(19)	N/A	FOUR/ WEEK	COMP24
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	建矿矿油油	REPORT MO AVG	444444	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	18188	(26)	*****	*****	72	(19)	0	FOUR/ WEEK	COMP24
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	and an area.	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	14544	16128	(26)	*****	59	61	(19)	0	FOUR/ WEEK	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LB\$/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	sie sie sie sie sie sie	****	**********	17.2	*****	(19)	N/A	MONTH	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		22222	***	** ***	REPORT MO AVG	*****	MG/L	N/A	ONCE/ MONTH	COMP24
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****		CEN	V E TO	12	*****	(30)	0	THREE/ WEEK	GRAB
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		****	*****	850 MO GEO	****	MPN/ 100ML		THREE/ WEEK	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	29.362	_ UL	(03) 20	07	*****	****	****	N/A	CONTIN UOUS	IRCORDK
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MARKET OF COL	. EPA REGION PLI AMO D ND	0 maxaan Megerewejs	******	*****	****	F	CONTIN	RCORDR
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS							TELEPHONE		DATE		
Craig Woolard, P.E., Ph.D. IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT.											
Director, Treatment Division PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to							(907)564-2799		07/10/08		
TYPED OR PRINTED \$10,000 and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT								AREA CODE NUMBER YEAR MO DAY			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days.

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

FROM

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

NOTE: Read instructions before completing this form.

FACILITY:

ATTN:

ADDRESS:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMO P.E. GEN MGR. AWWU

Third Quarter Whole Effluent Toxicity Test Report enclosed with DMR.

MONITORING PERIOD 07 | 09 | 30 *** NO DISCHARGE 07 | 09 | 01 TO

ATTN: WARK PREWO P.E. GEN MGR. AVVVO							uctions bei	1		TOTAL.	
PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***	*****	****	0.9	(19)	0	EVERY 3 HRS	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	PERMIT RÉQUIREMENT	*****	华老老老老老	***	****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
	SAMPLE MEASUREMENT	****	****	****	39	*****	*****	(23)	N/A		CALCTE
	PERMIT REQUIREMENT		大大大公共	***	REPORT MO AVG	*****	*****	PER- CENT	N/A	VIONITE	CALCTE
	SAMPLE MEASUREMENT	*****	****	***	75	*****	*****	(23)	N/A	NICHTE	CALCTE
	PERMIT REQUIREMENT	*****	动物物物的物	***	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/ MONTH	CALCTE
						NEC					
							<u> </u>	<u>n/</u>			
							1 2 2007	<i>\\\</i>		alatatetatointointoint	
						rescur cours					
THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS							/TELEPH	ONE	DA	TE	
Director, Treatment Division		MAMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE NFORMATION IS TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILIT MPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these stanges on			ARE SIGNIFICANT TY OF FINE AND SIGNATURE OF PRINCIPAL EXECUTIVE			(907)564-2799		07/1	10/08
TYPED OR PRINTED		· · · · · · · · · · · · · · · · · · ·					RIZED AGENT	AREA CODE N			
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